

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

☐ Amended

IN THE MATTER OF

**Examining Physician's or
Psychologist's Report**

Case No. _____

Date of Birth _____

TO THE COURT:I am a ☐ physician. ☐ psychologist.

This report is made to the court as required when it is proposed to appoint a guardian for an individual on the ground that the individual allegedly has incompetency. This report contains my professional opinion regarding the presence and likely duration of any medical or other condition causing the proposed ward to have incapacity.

I certify that I have, by personal examination and inquiry, satisfied myself as to the condition of competency of this individual and the result of my evaluation and inquiry will be found in my answers to the following questions, which answers are true to the best of my knowledge. All opinions are provided to a reasonable degree of professional certainty. Questions requiring an opinion for which I cannot provide an answer to a reasonable degree of professional certainty are left blank.

Signature of Examiner_____
Name printed or typed_____
Address_____
Date**NOTICE OF RIGHTS**

Prior to examination of this individual for whom guardianship is proposed on the ground that the individual allegedly has incompetency, was the individual informed that:

1. Statements made by the individual may be used as a basis for a finding of incompetency?..... ☐ Yes ☐ No
2. The individual has a right to refuse to participate in the examination, absent a court order, or speak to you? ☐ Yes ☐ No
3. You are required to report to the court even if the individual does not speak to you?..... ☐ Yes ☐ No

PERSONAL AND FAMILY HISTORYDate of Birth: _____ Age: _____ Sex: ☐ Female ☐ Male

Marital Status: _____

Children: _____

Occupation and Employment: _____

Veteran: ☐ Yes ☐ No

EXAMINATION

Date of Examination: _____

Place of Examination: _____

Time spent with individual: _____

1. Please give a summary of background/historical information obtained from the individual and/or collateral source: _____

2. Did you consult any collateral information in conjunction with your evaluation? ☐ Yes ☐ No
Explain: _____

3. During the examination, did you note a disturbance of this individual's:

- | | | | | |
|----|--|------------------------------|-----------------------------|-------|
| a. | Orientation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| b. | Speech? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c. | Motor Behavior? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| d. | Thought Processes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| e. | Affect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| f. | Memory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| g. | Concentration and Comprehension? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| h. | Judgment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

4. Describe any abnormalities identified in question number 3: _____

5. Based on your evaluation, were you able to reach a conclusion as to this individual's ability to distinguish time and place? ☐ Yes ☐ No
Explain: _____6. Were the individual's responses coherent and logical? ☐ Yes ☐ No
Explain: _____7. Could you determine the individual's general level of intelligence and fund of knowledge? ☐ Yes ☐ No
Explain: _____

8. Describe any physical illness of the individual and the prognosis: _____

9. Describe any mental disability, alcoholism or other drug dependency of the individual and the prognosis: _____

10. Is this individual presently under medication? ☐ Yes ☐ No

A. If yes, what is the medication and dosage? _____

B. Does the medication affect the individual such that it interferes with your ability to evaluate the individual's mental functioning, including evaluative and decision-making capacities? ☐ Yes ☐ No11. Is it your opinion that the individual's physical or psychological health would be adversely affected by the individual's attendance in court? ☐ Yes ☐ No
Explain: _____

12. Using the following definitions, Is it your opinion that that this individual has an impairment of the individual's functional capacity as a result of:

- | | | | |
|----|--|------------------------------|-----------------------------|
| A. | developmental disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. | serious and persistent mental illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. | degenerative brain disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. | other like incapacities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DEFINITIONS:**Impairment:**

Developmental disability, serious and persistent mental illness, degenerative brain disorder, or other like incapacities.

Incapacity:

Inability to effectively receive and evaluate information or to make or communicate a decision with respect to the exercise of a right or power.

Developmental Disability:

A disability attributable to mental retardation, cerebral palsy, epilepsy, autism or another neurological condition closely related to mental retardation or requiring treatment similar to that required for mentally retarded individuals, which has continued or can be expected to continue indefinitely, substantially impairs the individual from adequately providing for his or her own care or custody and constitutes a substantial handicap to the afflicted individual.

Serious and Persistent Mental Illness:

A mental illness that is severe in degree and persistent in duration, that causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, that may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support that may be of lifelong duration. Serious and persistent mental illness includes schizophrenia as well as a wide spectrum of psychotic and other severely disabling psychiatric diagnostic categories, but does not include degenerative brain disorder or a primary diagnosis of a developmental disability or of alcohol or drug dependence.

Degenerative Brain Disorder:

The loss or dysfunction of an individual's brain cells to the extent that he or she is substantially impaired in his or her ability to provide adequately for his or her own care or custody or to manage his or her property or financial affairs.

Other Like Incapacities:

Those conditions incurred at any age that are the result of accident, organic brain damage, mental or physical disability, or continued consumption or absorption of substances, and that substantially impairs an individual from providing for his or her own care or custody.

13. Is it your opinion that because of an impairment as distinguished from mere old age, eccentricity, poor judgment or physical disability, the individual is unable effectively to receive and evaluate information or to make or communicate decisions to such an extent that the individual is unable to meet the essential requirements for his or her physical health or safety? ☐ Yes ☐ No
Explain: _____
14. Is it your opinion that this individual has an understanding and appreciation of the nature and consequences of any inability the individual may have to meet the essential requirements for his or her physical health or safety? ☐ Yes ☐ No
Explain: _____
15. Is it your opinion that as a result of an impairment, as distinguished from mere old age, eccentricity, poor judgment or physical disability, the individual is unable effectively to receive and evaluate information or to make or communicate decisions related to management of his or her property or financial affairs to such an extent that:
(a) property of the individual will be dissipated in whole or in part? ☐ Yes ☐ No
(b) the individual is unable to provide for his or her support? ☐ Yes ☐ No
(c) the individual is unable to prevent financial exploitation? ☐ Yes ☐ No
Explain: _____
16. Is it your opinion that this individual has an understanding and appreciation of the nature and consequences of any inability the individual may have to manage his or her finances and property? ☐ Yes ☐ No
Explain: _____

17. If it is your opinion that the individual has an impairment, is it your opinion that the effect on the individual's evaluative capacity is likely to be temporary or long-term? ☐ temporary ☐ long-term.
Is it your opinion that the effect may be ameliorated by appropriate treatment? ☐ Yes ☐ No
Explain: _____

18. If it is your opinion that the individual has an impairment, is it your opinion that that the individual's need for assistance in decision making or communication is unable to be met effectively and less restrictively than guardianship, through appropriate and reasonably available training, education, support services, health care, assistive devices, or other means that the individual will accept? ☐ Yes ☐ No
Explain: _____

19. Is it your opinion that the individual has the evaluative capacity to engage in any advanced planning for health care and financial decision making that would avoid guardianship including executing a power of attorney for health care, financial durable power of attorney, a trust, or a jointly held account? ☐ Yes ☐ No
Explain: _____

20. Indicate any of the following rights which the individual in your opinion has incapacity to exercise:

- ☐ execute a will.
- ☐ serve on a jury.
- ☐ register to vote or vote in an election.

21. Indicate any of the following rights which the individual in your opinion either:

A. has incapacity to exercise; or

B. has limited incapacity to exercise and **may exercise with consent of a guardian**:

1) consent to marriage;

☐ A. has incapacity. ☐ B. has limited incapacity but may exercise with consent of guardian.

2) apply for an operator's license, a hunting, fishing or other license issued under ch. 29, or a credential as defined in §440.01(2), Wisconsin Statutes _____;

☐ A. has incapacity. ☐ B. has limited incapacity but may exercise with consent of guardian.

3) consent to sterilization;

☐ A. has incapacity. ☐ B. has limited incapacity but may exercise with consent of guardian.

4) consent to organ, tissue, or bone marrow donation;

☐ A. has incapacity. ☐ B. has limited incapacity but may exercise with consent of guardian.

22. Indicate any of the following powers for which the individual in your opinion either:

A. lacks evaluative capacity to exercise the power; or

B. **has limited capacity to exercise the power** to the extent that the individual is able effectively to receive and evaluate information and communicate decisions (**describe extent of capacity**):

If a power is to be affected, the box to the far left must be marked. Marking only box (1) or (2) has no effect and the individual retains the power.

- ☐ ab. Except as otherwise limited by Wisconsin Statute 54.25(2)(d)2.ab., the power to give an informed consent to the voluntary receipt by the guardian's ward of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the ward's best interest, if the guardian has first made a good-faith attempt to discuss with the ward the voluntary receipt of the examination, medication, or treatment and if the ward does not protest.

Choose (1) or (2):

☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.

- ☐ ac. Except as otherwise limited by Wisconsin Statute 54.25(2)(d)2.ac., the power to give informed consent, if in the ward's best interests, to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment that is in the ward's best interest.
- Choose (1) or (2):**
- ☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ b. The power to authorize individual's participation in an accredited or certified research project if the research project might help the individual, or others if minimal risk of harm.
- Choose (1) or (2):**
- ☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ c. The power to authorize individual's participation in research that might not help the individual but might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate.
- Choose (1) or (2):**
- ☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ d. The power to consent to experimental treatment in the individual's best interests.
- Choose (1) or (2):**
- ☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ e. The power to give informed consent to receipt by individual of social and supported living services.
- Choose (1) or (2):**
- ☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ f. The power to give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.
- Choose (1) or (2):**
- ☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ g. The power to make decisions related to mobility and travel.
- Choose (1) or (2):**
- ☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- h. [Intentionally omitted to correspond with statute.]
- ☐ i. The power to choose providers of medical, social, and supported living services.
- Choose (1) or (2):**
- ☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ j. The power to make decisions regarding educational and vocational placement and support services or employment.
- Choose (1) or (2):**
- ☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ k. The power to make decisions regarding initiating a petition for termination of marriage.

Choose (1) or (2):

☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.

☐ l. The power to receive all notices on behalf of individual.

Choose (1) or (2):

☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.

☐ m. The power to act in all proceedings as an advocate of the individual, except the power to enter into a contract that binds the individual or the individual's property or to represent the individual in any legal proceedings pertaining to the property, unless the guardian of the person is also the guardian of the estate.

Choose (1) or (2):

☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.

☐ n. The power to apply for protective placement or for commitment.

Choose (1) or (2):

☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.

☐ o. The power to have custody of the individual, if an adult, and the power to have care, custody, and control of the individual, if a minor.

Choose (1) or (2):

☐ (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.

☐ p. other specific powers: _____

☐ **See attached**

23. Indicate your opinion of the individual's evaluative capacity to manage his or her financial affairs and property:

- ☐ A. the individual lacks evaluative capacity to manage his or her financial affairs and property; or
☐ B. the individual has limited capacity to make decisions to the extent that the individual is able effectively to receive and evaluate information and communicate decisions to manage his or her financial affairs and property. Describe capacity _____

24. Is it your opinion to a reasonable degree of professional certainty that this individual lacks evaluative capacity to make decisions about which the individual is unable effectively to receive and evaluate information and communicate decisions due to an impairment, and that this individual is an appropriate subject for the court to appoint a guardian? ☐ Yes ☐ No

Explain: _____

SUMMARY OF REPORT

1. Would this individual's physical or psychological health be adversely affected by the individual's attendance in court at the court hearing? ☐ Yes ☐ No

2. Is it your opinion to a reasonable degree of professional certainty that this individual is incompetent and needs a guardian? ☐ Yes ☐ No